



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

\*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9376

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/790,350 | FILING DATE<br>03/01/2004<br><br>RULE | CLASS<br>062 | GROUP ART UNIT<br>3744 | ATTORNEY<br>DOCKET NO.<br>04-142-2 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Michael F. Taras, Fayetteville, NY;

Alexander Lifson, Manlius, NY;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/540,669 01/30/2004

OLC MW

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None MW

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/19/2004

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>NY | SHEETS<br>DRAWING<br>3 | TOTAL CLAIMS<br>8 | INDEPENDENT CLAIMS<br>2 |
|---|---|------------------------|------------------------|-------------------|-------------------------|
| Verified and Acknowledged<br>Examiner's Signature           | Initials  |                        |                        |                   |                         |

ADDRESS

34704  
 BACHMAN & LAPOINTE, P.C.  
 900 CHAPEL STREET  
 SUITE 1201  
 NEW HAVEN , CT  
 06510

TITLE

Hybrid dehumidification system

|                               |   |   |
|-------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------|---|---|